

Nursing 232

Nursing Role in end-of-life
Los Angeles County College of Nursing and Allied
Health

Required reading: Berman (9th ed.): Chapter 43, pp.
1099-1118. Chapter 4, pp. 65-67
Townsend (8th ed.): Chapter 37, pp. 835-849

Objectives

- Define the nursing role in meeting the needs of the dying client and the grieving family.

Nursing Role in Grief and Loss

ANA Code for Nurses

“Nursing care extends to anyone requiring the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, the alleviation of suffering and the provision of supportive care of the living.”

Definition of Loss

Loss is an actual or potential situation in which something that is valued is changed or no longer available.

Death is a fundamental loss, both for the dying person and for those who survive

Loss

There are two general types of loss

- Actual - can be recognized by others
- Perceived – is experienced by one person but cannot be verified by others
- An anticipatory loss is experienced before the loss actually occurs

Grief

- **Grief** is the total response to the emotional experience related to loss.
- **Bereavement** is the subjective response experienced by the surviving loved ones after the death of a person with whom they shared a significant relationship
- **Mourning** is the behavioral process through which grief is eventually resolved or altered

Grief

- Grieving is essential for good mental and physical health. It permits the individual to cope with the loss gradually and to accept it as part of reality

Types of Grief Responses

- **Abbreviated grief**- brief but genuinely felt
- **Anticipatory grief**- is experienced in advance
- **Disenfranchised grief**-that cannot be spoken about
- **Complicated grief**- unresolved or chronic

Elizabeth Kübler – Ross, M.D.

Elizabeth Kübler-Ross, M.D. was a Swiss-born psychiatrist known for her extensive work with Death and Dying

She is known for the now famous Five Stages of Grief

Five Stages of Grieving (Kübler-Ross)

- **Denial** – Refusing to believe that loss is happening
- **Anger** – Resisting the loss; may direct anger toward others
- **Bargaining** – Seeks to bargain to avoid loss. May express feelings of guilt

Stages of Grieving cont.

- **Depression** – grieves over what has happened and what can not be (may talk freely or may withdraw)
- **Acceptance** – comes to term with the loss. May wish to begin making plans

Timing

- Various theorists concur there is no single correct way or timetable by which a person progresses through grief.

Nursing Implications and Stages of Grieving

- **Denial**-do not reinforce denial
- **Anger** – Assist pt. Anger is a normal response to feeling of loss and powerlessness
- **Bargaining** – Inform Pt. for decision making; listen/encourage pt. to talk to relieve guilt

Nursing Implications cont.

- **Depression** – Allow the client to express sadness; use non verbal communication; sit quietly by the client
- **Acceptance** – Encourage client to participate as much as possible in the treatment program

Factors Affecting Grief and Death

- Culture
- Gender role
- Meaning of Relationship
- Spiritual Beliefs
- Support System
- Cause of Death

Development of the Concept of Death

- Infancy
 - Does not understand concept of death
- 5 to 9 years
 - Understand that death is final
- 9 to 12 years
 - Understands death as the inevitable end of life
- 12 to 18 years
 - Fears a lingering death
 - May fantasize that death can be defied

Development of the Concept of Death

- 18 to 45 years
 - Has attitudes towards death influenced by religious/cultural beliefs
- 45 to 65 years
 - Accepts own mortality
- 65+ years
 - Sees death as having multiple meanings

Legal/ethical issues related to the dying client

- Euthanasia- refers to the practice of ending a life, usually through lethal injection
- Voluntary Euthanasia – an individual consents to have their life ended

Right-to-die law in the U.S.

- Oregon (1997)
- Washington (2009)
- Montana (2009)
- Vermont (2013)
- New Mexico (2014)

Advance Care Planning

- Is the process by which patients can formalize and ensure that their preferences guide the care they receive at the end of life or during a time of decisional incapacity.

Advanced Directives

- Are legal written documents that allow the individual of sound mind to document preferences regarding end-of-life care.
- Advance directives can be changed at any time while the patient maintains decision-making capacity.

Advance Health Care Directives

- Living will- is one type of advance directive
- Natural death acts
- Health Care Proxy or Surrogate/Durable Power of Attorney for Health Care
- Do-Not-Resuscitate Order (DNR)
- Five Wishes
- POLST

Five Wishes

- Is an easy to use legal document written in everyday language that lets adults of all ages plan how they want to be cared for in case they become seriously ill.

Five Wishes

- **Wish 1** The person I want to make Health Care Decisions for Me When I Can't
- **Wish 2** The kind of Medical Treatment I Want or Don't Want.
- **Wish 3** How Comfortable I Want to Be.
- **Wish 4** How I Want People to Treat Me
- **Wish 5** What I Want My Loved Ones to Know

POLST

- Physician Orders for Life-Sustaining Treatment
- It is a form that states what kind of medical treatment patients want
- Printed in bright pink paper
- Signed by both a doctor and patient

“a good death”

- According to the Institute of Medicine, a “good” death is:
- Free from avoidable distress and suffering for the patient, the family, and caregivers
- In accordance with the wishes of the patient
- Consistent with clinical, cultural, and ethical standards

Dying With Dignity

- Every patient has the right to die a good death
- Treating the patient with dignity, honor and respect at the time of dying involves maintaining their humanity consistent with their values, beliefs and culture

Dying with Dignity

- One of the most valuable things nurses can do for patients is to help them die well.
- This task has different meaning for nurses but lies at the heart of compassionate care.
- Give them an enduring memory of their loved one's death as a calm and dignified event.

Research Findings

Identified five goals for quality end-of-life care:

- To avoid prolonged suffering and dying
- To strengthen relationships with loved ones
- To relieve the burden on their loved ones
- To receive adequate pain and symptom management
- To achieve a sense of control

Hospice/Palliative Care

- Hospice Care
 - Focuses on support and care of the dying person and family
- Palliative Care

Is a philosophy of care focusing on comfort and well-being of patient, in particular those with incurable, progressive illnesses.

Criteria for hospice care

- Life expectancy of 6 months or less
- Physician certification of terminal illness
- Presence of a family member or other caregiver continuously in the home when the patient is no longer able to care for self
- Acceptance of a shift between curative & palliative care
- Medicare and Medicaid hospice benefits.

Signs of approaching death

- These are changes that occur that show the physical body is losing its ability to maintain itself.
- Alertness can vary.
- Pulse becomes irregular
- Body temperature can fluctuate between fever and cold
- Skin Color often changes

Signs of approaching death

- Fluid/Fluid Needs decrease as the body naturally begins to conserve energy as the body is preparing to die.
- Breathing Changes Respirations may increase, decrease or a combination of both
- Congestion can occur with a “gurgling” sound heard in the lungs and upper throat.

How do you know that death has occurred?

- No breathing
- No heartbeat
- No response to verbal commands or shaking
- Eyelids slightly open
- Eyes fixed on a certain spot
- Jaw relaxed and mouth lightly open

Needs of Dying Patient and Nursing Implications

- Physiological Needs
 - Personal hygiene measures
 - Controlling pain
 - Relieving respiratory difficulties
 - Assisting with movement, nutrition, hydration and elimination; and providing measures related to sensory changes

Needs of Dying Patient and Nursing Implications

- Spiritual support is of great importance
 - Spiritual care must reflect your spiritual assessment
 - Ensure that the client's spiritual needs are attended to
 - spiritual support specialists

Needs of Dying Patient and Nursing Implications

- Supporting the family
- Helping the family grieve

Use therapeutic communication

- Provide an empathetic and caring presence
- Maintain family informed
- Maintain a calm and patient demeanor

Organ Procurement

- Nursing has a collaborative role in organ procurement.
- Notification to ROPA/OPO
- Multidisciplinary team communication
- Cultural/spiritual awareness in organ procurement

Organ Donation

- The federal Omnibus Budget Reconciliation Act of 1986 states that all facilities receiving Medicare or Medicaid funding must have policies in place to identify potential organ donors and to inform families about the option to donate

Post-Mortem Care

- The pronouncement and recording of a patient's death is the responsibility of the physician.
- Nursing is responsible for pt. and environment
- Removing tubes*
- Replacing dentures
- Facilitating time with family

Post-Mortem Care

- When patients want to donate their body for research
- Do not send body to the morgue

Death Rituals

- Observance of these rituals provides comfort to the dying person and their loved ones
- Rituals vary according to religion or cultural practices
- Following are some examples of death rituals

Death Rituals

- Patients of Islamic faith may wish to face Mecca. (if not possible turn to right side.)
- After death, all clothing should be removed from the body by a person of the same sex and body covered with a sheet.
- Organ donation is not explicitly dealt with by the Koran and should be discussed with sensitivity by the transplant team

Death Rituals

- Christianity
- Patient may wish to be anointed by a minister or priest
- Prayers are often recited
- Patient may want to receive Communion
- After death the body should be treated with respect

Death Rituals

- Hinduism
- Death is often met with acceptance
- A Hindu priest may be called to perform holy rites
- The family may wish to wash the body themselves and wrap the body in a red cloth

Death Rituals

- Buddhism
- Buddhists' needs at the time of death will vary depending on the particular lineage they follow
- Their goal is to die in a state of calmness and clarity

The power of our humanity

"It is the power of our own humanity that can make a difference in the lives of others. We must value this as highly as our own expertise."

Resources

- The Institute for Healthcare Advancement
www.ih4health.org
- The National Hospice and Palliative Care Organization
www.caringinfo.org
- Each patient should be encouraged to ask questions and consult with social work to address particular circumstances

Questions

- “Without skepticism there are no questions; with no questions there is no research; and with no research there are no answers.”
